

11/24/99

| ISSUE CLASSIFICATION |          |
|----------------------|----------|
| Class                | Subclass |
|                      |          |

PATENT NUMBER

U.S. **UTILITY** Patent Application

|  |             |
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| 4<br>O.I.P.E. <i>SP</i><br>SCANNED <i>J</i> O.A. <i>MR</i> | PATENT DATE |
|--|-------------|

|                  |              |                                  |                                     |
|------------------|--------------|----------------------------------|-------------------------------------|
| CLASS 713<br>380 | SUBCLASS 286 | ART UNIT 2132<br><del>2137</del> | EXAMINER <del>S. A. H.</del><br>ZMD |
|------------------|--------------|----------------------------------|-------------------------------------|

**TITLE OF INVENTION:**

**APPLICANT(S):**[illegible]

|   |   |             |                                   |              |
|---|---|-------------|-----------------------------------|--------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                         |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.                            | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____ (Assistant Examiner) _____ (Date) |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|   |   |             |                                   |              |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____   |   |             | <b>ISSUE FEE</b>                  |              |
|   |   |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The terminal ____months of this patent have been disclaimed.   | _____ (Primary Examiner) _____ (Date)   |             | <b>ISSUE BATCH NUMBER</b>         |              |
|   |   |             |                                   |              |
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